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P. 3/4

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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275H1 759D 10/01/2004
 MEDTRONIC, INC.
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 MS-LC340

11/03/2004 HDENESS2 00000013 132546 09833233

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Jill Sutherland (Depositor's name)
 (Signature)
 November 3, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/833,233	04/09/2001	Victor D. Dolecek	P9527	3014

TITLE OF INVENTION: CLAM SHELL BLOOD RESERVOIR HOLDER WITH INDEX LINE

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	01/03/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
DRODGE, JOSEPH W	1723	210-787000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB-47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Thomas G. Berry

2 Jeffrey J. Hohenshell

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Minneapolis, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2546 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Jeffrey J. Hohenshell
 Typed or printed name Jeffrey J. Hohenshell

Date Nov. 3, 2004

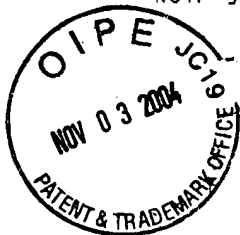
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTOL-85 (Rev. 09/04) Approved for use through 04/30/2007.

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Medtronic

Facsimile Cover Sheet

P-9527.00

To: Office of Publications
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From: Jeff J. Hohenshell
Company:  **Medtronic**
Phone: 763 391-9661
Fax: 763 391-9668

Date:
Pages including this
cover page: 4 pages

Comments: RE: P-9527.00
Serial No. 09/833,233
Applicants: Dolecek
Filed: 04/09/2001
Title: Clam Shell Blood Reservoir Holder With Index Line

Attached please find the following documents:

- ☒ Issue Fee Transmittal
- ☒ PTOL FORM 85B
- ☒ Fee Addressee for Receipt of PTO Notices Relating to Maintenance Fees

IF TELECOPY IS ILLEGIBLE OR ALL PAGES HAVE NOT BEEN RECEIVED, PLEASE CONTACT JILL SUTHERLIN AT TELEPHONE (763) 391-9663 IMMEDIATELY.

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NOV. 3. 2004 1:46PM

NO. 5727 P. 2/4

DOCKET NO: P-9527.00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ISSUE FEE TRANSMITTAL

In re Application of: Dolecek
For: Clam Shell Blood Reservoir Holder With Index Line
Serial No.: 09/833,233
Filed: 04/09/2001

CERTIFICATE OF FAX TRANSMISSION UNDER 37 CFR 1.8: I hereby certify that this ISSUE FEE TRANSMITTAL AND TRANSMITTAL and the paper(s), as described herein, are being sent to telefacsimile No. (703) 746-4000 at the U.S. Patent and Trademark Office, Box Issue Fee, Assistant Commissioner for Patents, Washington, D.C. 20231 on this 3rd day of November, 2004.

Signature

Jill Sutherland
Printed Name

Attn: Box ISSUE FEE
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Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Issue Fee Transmittal
- ☒ PTOL FORM 85B
- ☒ Please charge Deposit Account 13-2546 \$1,370.00 Issue Fee, \$300 Publication Fee and \$9.00 for 3 patent copies for a Total of \$1,679.00.
- ☒ Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time and charge same to Deposit Account 13-2546.

Date

Nov. 3, 2004

Jeff J. Hohenshell
Atty: Jeff J. Hohenshell
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